

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214538980</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>IVY Heritage Foundation, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ADRIANE B JAMES 2643 GRANDY AVE NORFOLK, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NORFOLK CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>06599260</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2643 GRANDY AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NORFOLK, VA 23509</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JENNIFER RIDDICK  TITLE: PRESIDENT  ADDRESS: 7200 EVELYN BUTTS AVE  CITY/ST/ZIP/CO: NORFOLK, VA 23513 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JENNIFER RIDDICK TITLE: PRESIDENT ADDRESS: 7200 EVELYN BUTTS AVE CITY/ST/ZIP/CO: NORFOLK, VA 23513	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER RIDDICK TITLE: PRESIDENT ADDRESS: 7200 EVELYN BUTTS AVE CITY/ST/ZIP/CO: NORFOLK, VA 23513	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ANTOINETTE TUCKER  TITLE: VICE PRESIDENT  ADDRESS: 5114 SUMMER GARDEN PLACE  CITY/ST/ZIP/CO: SUFFOLK, VA 23434 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANTOINETTE TUCKER TITLE: VICE PRESIDENT ADDRESS: 5114 SUMMER GARDEN PLACE CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTOINETTE TUCKER TITLE: VICE PRESIDENT ADDRESS: 5114 SUMMER GARDEN PLACE CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ADRIANE B JAMES  TITLE: TREASURER  ADDRESS: 2643 GRANDY AVE  CITY/ST/ZIP/CO: NORFOLK, VA 23509 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ADRIANE B JAMES TITLE: TREASURER ADDRESS: 2643 GRANDY AVE CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ADRIANE B JAMES TITLE: TREASURER ADDRESS: 2643 GRANDY AVE CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SANDRA NORMAN  TITLE: SECRETARY  ADDRESS: 3941 BRENTWOOD CRESCENT  CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SANDRA NORMAN TITLE: SECRETARY ADDRESS: 3941 BRENTWOOD CRESCENT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA NORMAN TITLE: SECRETARY ADDRESS: 3941 BRENTWOOD CRESCENT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: REGINA WILLIAMS  TITLE: FIN SECRETARY  ADDRESS: 1528 BORDEAUX PL  CITY/ST/ZIP/CO: NORFOLK, VA 23509 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: REGINA WILLIAMS TITLE: FIN SECRETARY ADDRESS: 1528 BORDEAUX PL CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REGINA WILLIAMS TITLE: FIN SECRETARY ADDRESS: 1528 BORDEAUX PL CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BARBARA CIARA  TITLE: DIRECTOR  ADDRESS: 701 RIVERS EDGE LANDING  CITY/ST/ZIP/CO: NORFOLK, VA 23502 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BARBARA CIARA TITLE: DIRECTOR ADDRESS: 701 RIVERS EDGE LANDING CITY/ST/ZIP/CO: NORFOLK, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA CIARA TITLE: DIRECTOR ADDRESS: 701 RIVERS EDGE LANDING CITY/ST/ZIP/CO: NORFOLK, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA HYMAN DIRECTOR 715 BYRD COURT CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	APRYL JARRETT DIRECTOR 4529 BRINKER DR VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHELIA JOHNSON DIRECTOR 2128 MARYMOUNT ARCH VIRGINIA BEACH, VA 23464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASMINE MCCLURE DIRECTOR 2309 PIERS LANDING CHESAPEAKE, VA 23323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLISON PARKER DIRECTOR 2040 SUNSETMAPLE LANE CHESAPEAKE, VA 23323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DELORES WILSON DIRECTOR 5228 W RANDOLPH CT VA BEACH, VA 23464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ADRIANE B JAMES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADRIANE B JAMES, TREASURER PRINTED NAME AND CORPORATE TITLE	8/11/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			